2 4 hone: equested Due Date: ft. Iron, MN 55768 mail: Required Client Information:
Company: USS Corporation
address: P.O. Box 417 ITEM# WS-002 Scrubber Make-Up WS-003 Thickner Overflow SAMPLE ID
One Character per box
(A-Z, 0-91,-)
Sample ids must be unique ADDITIONAL COMMENTS Ę MATRIX
Dimbing Water
Water
Water
Waste Water
Product
SoalSoild
Oil
Wipe
Air
Other Required Project Information:
Report To: Tom Moe Copy To: roject Name: ourchase Order #: 3 4 ¥ \$ 6 k , \$ \$ 8 6 8 OM MOETUSS RELINQUISHED BY / AFRIMING Ş ş MATRIX CODE (see valid codes to left) NPDES-LINE 3 Wkly SAMPLE TYPE (G=GRAB C=COMP) N START 10/15 09es AMPLER NAME AND SIGNATURE COLLECTED PRINT Name of SAMPLER 2580 The Chain-of-Custody is a LEGAL DOCUM NO#: 1258383 CHAIN-OF-CUSTODY / Analytical Row R 17/00/8-1400 DATE SAMPLE TEMP AT COLLECTION # OF CONTAINERS Pace Quote:
Pace Project Manager: Address: Company Name: Attention: invoice Information: Pace Profile #: 6 W Unpreserved H2SO4 ниоз Preservatives HCI NaOH NOTEPTED BY / AFFUATION Na2S2O3 heather.zika@pacelabs.com PM: HRZ CLIENT: USS CORP Methanol Other Y/N Analyses Test LAB FILTERED: SO4 DATE Signed: Lab FILTERED: Ca,Mg,Har Due Date: 12/24/15 1200 DATE 0 Con ψ TEMP in C State / Location Residual Chlorine (Y/N) Received on SAMPLE CONDITIONS 나나 두 ice (Y/N) Custody Sealed ₽ Cooler 3 (Y/N) Samples Intact

(Y/N)

Pace Analytical*

hold, incorrect preservative, out of temp, incorrect containers)

Document Name:

Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.09 Document Revised: 23Feb2015

Page 1 of 1

Issuing Authority:

Pace Virginia, Minnesota Quality Office

| Sample Condition Client Name: Upon Receipt | | | Project | :#: 🗍 | MUH | F: 1258383 |
|--|------------------|---------------|----------------|-----------|--------------------|---|
| 1.64 | ation | | | | MININE SE | II (I & December) |
| Courier: Fed Ex UPS | USPS | | Client | | 127020 | |
| Commercial Pace | Othe | r: | | - 1 | 1208383 | |
| Tracking Number: | | | | L | | |
| Custody Seal on Cooler/Box Present? Yes | Mo | Seals | Intact? | Yes | Мио | Optional: Proj. Due Date: Proj. Name: |
| Packing Material: Bubble Wrap Bubble Ba | ıgs 🗀r | None N | Other:_ | Harp | ~d | Temp Blank? ∑Yes ☐No |
| Thermometer Used: 🔯 140792808 | Type of | Ice: |]Wet | Blue | Non | e Asamples on ice, cooling process has begu |
| Cooler Temp Read °C: 2 . Cooler Temp Cooler Temp Cooler Temp Correction Fact | orrected tor: +o | °: 3 -3 _ | Date an | ıd Initia | Bi Ils of Perso | ological Tissue Frozen? Yes No No |
| Chain of Custody Present? | √ ∑ Yes | □No | □N/A | 1, | | |
| Chain of Custody Filled Out? | Yes | □No | □N/A | 2. | | |
| Chain of Custody Relinquished? | XiYes | □No | □N/A | 3. | | |
| Sampler Name and Signature on COC? | VYes | □No | □N/A | 4. | | |
| Samples Arrived within Hold Time? | Yes | □No | □N/A | 5. | | |
| Short Hold Time Analysis (<72 hr)? | □Yes | √∑No | □N/A | 6. | | |
| Rush Turn Around Time Requested? | Yes | VZ]No | □N/A | 7. | | |
| Sufficient Volume? | Yes | □No | □N/A | 8. | | |
| Correct Containers Used? | √ZÌYes | □No | □n/a | 9. | | |
| -Pace Containers Used? | Yes | □No | □n/a | | | |
| Containers Intact? | √Yes | □No | □N/A | 10. | | |
| Filtered Volume Received for Dissolved Tests? | √OYes | □No | □N/A | 11. 1 | Note if sedin | nent is visible in the dissolved containers. |
| Sample Labels Match COC? | Ø }Yes | □No | □n/a | 12. | | |
| -Includes Date/Time/ID/Analysis Matrix: $\sim\!$ | | | | ĺ | | |
| All containers needing acid/base preservation will be checked and documented in the pH logbook. | ∐Yes | MNo | □n/a | | pH log four | or results and additional preservation |
| Headspace in Methyl Mercury Container | □Yes | □No | ⊠ N/A | 13. | | |
| Headspace in VOA Vials (>6mm)? | □Yes | □No | X)N/A | 14. | | |
| Trip Blank Present? | □Yes | ∏No | N/A | 15. | | |
| Trip Blank Custody Seals Present? | Yes | □No | VZ IN/A | Ì | | |
| Pace Trip Blank Lot # (if purchased): | | | | | | |
| CLIENT NOTIFICATION/RESOLUTION | | | | | | Field Data Required? Yes No |
| Person Contacted: | | | D | ate/Tir | ne: | Tield bata reduited: [] FES [] NO |
| Comments/Resolution: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | · | |
| | | | | | | |
| FECAL WAIVER ON FILE Y N | | TEMI | PERATUR | E WA | IVER ON | FILE Y N |
| Project Manager Review: | 20 | | | | Date: | 12/11/15 |
| ote: Whenever there is a discrepancy affecting North Carolina | compliance | samples, a | copy of thi | s form v | vill be sent to | the North Carollina DEHNR Certification Office (i.e. out o |